JAN 24 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1

1

1. PLACE OF DEATH

96

County Saint Louis — Registration District No. 1123 — File No. 46768

Township Carondelet — Primary Registration District No. 6248 B. — Registered No. 507

City Jefferson Barracks (No. VETERANS HOSPITAL St. ..... Ward)

2. FULL NAME Ernest L. ROSEN

(a) Residence, No. 717 Greeley Avenue St., ... Ward. Webster Groves, Missouri.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred Unkn. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Ruth Rosen

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 30, 1892

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	45	5	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk 135

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. --

10. Date deceased last worked at this occupation (month and year) -- 11. Total time (years) spent in this occupation --

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Webster Groves Missouri 1

FATHER

13. NAME August Rosen 10

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known Germany 8

MOTHER

15. MAIDEN NAME Phillipa Reynolds

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known England

17. INFORMANT (ADDRESS) Clinical Clerk M. Schillig VAF Jefferson Barracks, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park Cem DATE Jan 1 1938

19. UNDERTAKER (ADDRESS) Parker Mud Co Webster Groves Mo

20. FILED 12-31- 1937 G. Mowry Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 30, 1937

22. I HEREBY CERTIFY, That I attended deceased from October 12, 1937, to December 30, 1937

I last saw him alive on December 30, 1937. Death is said to have occurred on the date stated above, at 3:05A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular Heart Disease, combined, mitral stenosis and insufficiency (Rheumatic)	Unkn.
Other contributory causes of importance: Congestive type of cardiac failure with hypertrophy and dilatation.	Unkn.

92a

Name of operation None Date of

What test confirmed diagnosis? Phy. findings, laboratory Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify [signature] 1

(Signed) C. W. HUGHES, Chief Med. Officer, M. D.

(Address) VAF Jefferson Barracks, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

The Remains mentioned in this certificate
was Embalmed by C. C. Aldrich Holder
of State license # 13132

C. C. Aldrich Secy &
of the Parker Funeral